



**GEORGIA MEDICAID FEE-FOR-SERVICE
ACE (ANGIOTENSIN CONVERTING ENZYME) INHIBITORS AND
COMBINATIONS PA SUMMARY**

Preferred	Non-Preferred
All generic ACE Inhibitors, except perinodpril Benazepril generic Captopril generic Enalapril generic Enalaprilat generic Epaned (enalapril powder for oral solution) Fosinopril generic Lisinopril generic Moexipril generic Quinapril generic Ramipril generic Trandolapril generic	Perindopril generic Prestalia (perindopril/amlodipine)

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- ❖ Physicians discharging a member from an inpatient facility stable and responding to a non-preferred agent should request prior authorization as part of the patient's discharge planning.
- ❖ Epaned requires prior authorization (PA) for members 12 years of age and older.

PA CRITERIA:

Epaned

- ❖ Approvable for members 12 years of age or older who are unable to swallow solid dosage forms of medication and have a diagnosis of hypertension, symptomatic heart failure or asymptomatic left ventricular dysfunction.

Perindopril Generic

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least two preferred products.

Prestalia

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons generic perindopril and generic amlodipine as separate products are not appropriate for the member.



EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.